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**FROM:** Chris Eide**DATE:** June 28, 2005Number of pages with cover page: **5**Preparer of this slip has confirmed that facsimile number given is **10616/msb5** correct:**CAUTION - CONFIDENTIAL**

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**Comments: REQUEST FOR CONTINUED EXAMINATION**

DOCKET NO.: 146712007100

GROUP ART UNIT: 2834

EXAMINER: Y. Comas

SERIAL NO.: 09/896,006

FILING DATE: June 28, 2001

INVENTOR(S): Troy M. HERNDON et al.

TITLE: RESONANT SHIFTING AND REDUCTION OF MODAL DISPLACEMENT FOR IMPROVED ACCOUSTICS

Papers attached:

1. RCE Transmittal (1 page)
2. Fee Transmittal w/duplicate copy for fee processing (2 pages)
3. One Month Petition for Extension of Time (1 page)

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PTO/SB/17 (12-04v2)

Approved for use through 7/31/2005 OMB 0611-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
		Application Number	09/896,006
		Filing Date	June 28, 2001
		First Named Inventor	Troy M. HERNDON
		Examiner Name	Y. Comas
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2834
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No. 14671200/100	

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify) _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
12	-20 = 0	x 50.00	= 0.00	Fee (\$)
				360.00 0.00

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

2 -3 - 0 \* 200.00 \* 0.00

**3. APPLICATION SIZE FEE**

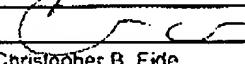
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) *	48,375	Fees Paid (\$)

**4. OTHER FEE(S)**

Non-English Specification	\$130 fee (no small entity discount)	790.00
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...	One month Petition for Extension of Time	120.00

**SUBMITTED BY**

Signature		Registration No (Attorney/Agent)	48,375	Telephone	(650) 813-5720
Name (Print/Type)	Christopher B. Eide	Date	June 28, 2005		

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